

Citizen Satisfaction Index (CSI) on Health, Education and Social Welfare Services of a Small Town in the Philippines

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Abstract - Customer satisfaction surveying has been steadily gaining ground in the area of governance because it proved to be an important method of collecting data for governance evaluation and local policy analysis. This study: (a) assessed citizen satisfaction along health, education and social welfare programs of a local government in a small town in the Philippines; and (b) analyzed the results based on current literatures on public administration. Quantitative and qualitative data were gathered through face-to-face interview with randomly selected residents using multi-stage probability sampling. The data was analyzed using a tool called Citizen Satisfaction Index (CSI). The key results were anchored on awareness, availment, satisfaction and need for action. Among the 3 programs, the highest on 'satisfaction' was education while the highest on 'need for action' was social welfare. For each program, the action grid was **continued emphasis** which suggested that the quality of service delivery of the program may be good but there was still need to take action on specific aspects. Based on existing literatures, it may be recommended that efforts of DILG which are directed toward assessing citizen satisfaction should render due consideration on the following important aspects: (a) differences in profile and characteristics of citizens selected to assess public services; (b) differences in citizen's expectations; and (c) differences in nature and characteristics of the services being assessed.

Keywords – Citizen Satisfaction Index, education, health, local governance, social welfare

INTRODUCTION

Citizen surveys started mainly in local government [1] – [3] and were used as tools to help governments deliver better services. Its widespread introduction was meant to capture what citizens want [4]. It sprung from the theory that citizens were like customers of a profit enterprise which was reflected in the rise of numerous specific tools to help government units in delivering better services, and to assist citizens and clients in making sure they are treated well [5].

Citizen satisfaction surveying has been steadily gaining ground in the area of governance. Administrative reform in the 1980s and 1990s introduced the idea of treating citizens as clients and making public services more client oriented [4]. This meant separating the process of service delivery from the outcome, and trying to deliver the client a

pleasurable service experience and turning the traditional bureaucratic state into a service delivery machine [6] – [7]. Sample surveys of citizens provide a potentially important method of collecting data for local policy analysis. Several publications have recommended that local government must conduct citizen surveys to aid in evaluating public services [4].

As the intended recipients and end-users of public services, citizens are deemed in a better position to determine whether or not local government services are delivered according to their needs and to the extent that they fulfill daily and long-term human development requirements. Getting their sentiments and insights based on their own perception and evaluation as consumers of local public services is a logical method of shaping what local governments need to do, without neglect of statutory requirements [8].

As local governance is a vast domain in terms of conceptual breadth, this study focused on three major programs – health, education, and social welfare. The Citizen Satisfaction Index (CSI) was developed by the Department of the Interior and Local Government (DILG) as a tool to draw in information in gauging citizen satisfaction that can be used by local government units (LGUs) for agenda-setting and planning for economic and human development. It was part of an effort toward widening the space for participation in local governance and ultimately pave ways to the development of a more transparent, accountable and highly performing local government. A Local Resource Institute (LRI), of which the author is a member, was contracted by the DILG as partner in running the entire research project.

OBJECTIVES OF THE STUDY

This study aimed to: (1) examine the socio-demographic profile of the respondents; (2) assess citizen satisfaction along health, education and social welfare programs of a local government in a small town in the Philippines; and (3) analyze the results based on current literatures on public administration. The citizen's perception was determined through four core concepts – awareness, availment, satisfaction, and need for action – which have logical and chronological relationship with each other. Awareness was determined first, as basis to ask about availment. Availment was established first as basis to assess satisfaction, and as preliminary information before the need for action can be identified. The citizen's assessment of a particular service may logically define the need for action. These four concepts were the core bases used to assess how well LGU services were received and perceived by the citizens. The socio-demographic profile provided background about the citizens involved in the study.

MATERIALS AND METHOD

The study gathered both quantitative and qualitative data through face-to-face interview

with randomly selected citizen-respondents of the target villages.

Sampling Procedures

The research utilized multi-stage probability sampling in selecting the 150 residents, the sample size with an error margin of $\pm 8\%$ at 95% confidence level. The procedure warranted that a cross-section of citizens was included in the sample. It ensured that every citizen, 18 years old and above, male or female, who have lived at least 6 months in the municipality, was given equal chance to be selected as participant with no preference for any particular socio-demographic characteristic, political/ideological orientation or religious belief. Villages with larger population had more spots and respondents in the sample. The latest available data on population and housing [9] was the basis for allocating the spots among the barangays according to population share.

Data Collection Data Analysis

The research instrument was formulated in English and Tagalog, covering the 3 major programs – health services, support to education, and social welfare services. Each interview lasted for 60-90 minutes and covered the 3 programs, and all the service indicators under each. Citizen-respondents were asked if they were aware of each indicator, if they availed, if they were satisfied, and if the LGU needed to take further action.

Percentage scores were computed to compare and contrast the 4 core concepts, between and among the different programs and service indicators. The percentage of citizens who were aware of services was based on the total sample of 150, availment was based on the number of citizens who were aware, while satisfaction and need for action were based on the number of citizens who availed of the services. Percentage scores were converted to adjectival rating as high or low, depending on a cutoff score based on the formula $0.50 + [0.98/(\sqrt{n})]$, where n refers to the base population.

Figure 1. CSI action grid [8]

	High satisfaction		
Low need for action	2 Exceeded expectations	1 Continued emphasis	High need for action
	3 Secondary priority	4 Opportunities for improvement	
	Low satisfaction		

Next was the application of the action grid, as illustrated in Figure 1. It classified the programs and service areas into four groups based on citizens' adjectival ratings on satisfaction and need for action. Depending on whether the adjectival ratings were high or low, each quadrant represents different areas for prioritization that local authorities and other stakeholders can assign to a program and/or specific service indicators.

RESULTS AND DISCUSSION

Table 1. Socio-demographic profile of respondents

Indicators	F	%	Indicators	F	%
		n=150			n=150
Relationship with HH head			Age group		
Household head	69	46	18-24	15	10
Spouse/ partner	42	28	25-29	15	10
Son / daughter	20	13	30-34	17	11
Father/ mother	10	7	35-39	16	11
Brother/ sister	4	3	40-44	12	8
Son-in-law/daughter-in-law	2	1	45-54	29	19
Other relatives	2	13	55-64	27	28
Civil status			65-74	9	6
Single	30	20	75-above	9	6
Married	85	57	Educational attainment		
Widow/er	13	9	Elementary undergraduate	17	11
Separated/annulled	2	1	Elementary graduate	41	27
Common law/live in	19	13	High school undergraduate	33	22
Employment status			High school graduate	21	14
Working at least 40 hours/week	54	36	College undergraduate	21	14
Working < 40 hours/week	27	18	College graduate	10	7
No job, looking for work, have worked in the past	17	11	Master's undergraduate	1	1
No job, looking for work, have not worked in the past	7	5	Master's graduate	1	1
No job, not looking for work, have not worked in the past	4	3	Vocational	3	2
No job, not looking for work, have worked in the past	21	14	Never been to school	1	1
Student (not working)	8	5			
Retired (not working)/too old	11	7			

Socio-demographic Profile of Respondents

Of the total respondents, 111 or 74% were in charge of the household, 46% of whom

were family head while 28% were spouse or partner. There was equal distribution of male and female respondents as this was ensured in the design. More than half or 57% were

married, 37% were in the age range of 45-64 years, and 49% either graduated elementary or reached high school. Probably because of their age or big responsibility as family head, 91% stopped schooling, and 54% were employed. The sole respondent who had never been to school was an elderly who was unable to avail of free public education at the present time. Of the 81 employed, 67% were working at least 40 hours weekly, mostly clustered as laborer or unskilled worker 22%, and farming, forestry and fishery 21%. Of this 81, majority or 94%

were hired within the province, with 62% on duty within the village. This is consistent with the result that 91% wanted to stay in their current abode. Being engaged at least 40 hours per week may demonstrate that respondents maximized their time on productive endeavors or that one job may not be enough. The relatively low level of education may suggest lesser chance of job promotion or gainful employment. Working within the province may be inexpensive, time saving and easy transfer to and from work.

Table 2. Awareness, availment, satisfaction and recommendations for action by respondents on service indicators of the health program

Service indicators of health program	Awareness		Availment		Satisfaction		Need for action	
	Yes	%	Yes	%	Yes	%	Yes	%
Vaccination for infants/children	138	92	80	58	76	95	34	42
Pre-natal/post-natal/child birth services	129	86	55	43	53	96	23	42
Free general consultations/access to secondary and/or tertiary health care	127	85	80	63	74	92	29	36
Free basic medicine or low-cost medicine program	132	88	86	65	68	79	40	47
Prevention and management of communicable and non-communicable diseases	93	62	36	39	35	97	12	33
Basic dental/oral hygiene	94	63	42	45	41	98	16	38
Family planning/reproductive health	113	79	46	39	44	96	18	39

Health Program

In terms of awareness of health programs, there was big number of citizen-respondents who were aware. The greatest percentage was aware of vaccination 91%, free basic medicine or low-cost medicine 87%, and pre-natal and post-natal child birth services 85%. The greatest percentage were unaware of basic dental and oral hygiene 62%, and prevention and management of communicable and non-communicable diseases 61%.

Among those aware, 52% availed of health services, of which 65% availed of free basic medicine or low-cost medicine, 63% of free general consultations/ access to secondary and tertiary health care, 57% did not avail of pre-natal, post-natal, child birth services, while

60% did not avail of family planning and reproductive health. Those who availed were generally satisfied, at 93%. Highest percentage of satisfaction was on family planning and reproductive health, and basic dental or oral hygiene, both at 98%.

Reasons for satisfaction on health services were that services were good, the program benefited the citizens, helped them maintain good health, medical checkup and medicine were free. Reasons for non-satisfaction were that citizens had to pay for half of the cost of medicine, there were fees to be paid, there was lack of medicine, some medicines were not effective, services were available only during elections. Reasons for availment were as follows: so that children will be protected from illness, to complete vaccination for the kids, the

program had benefits, it was for our family’s benefits. The most common reason for non-availability was that children were grown up already, while other reasons were there was no medicine available, vaccine had to be paid, sometimes the schedule of medical consultation was not followed.

Even if 92% of the citizen-respondents were highly aware of services on vaccination for infants/children, only 58% availed of the service. Nonetheless for those who availed, 95% were highly satisfied and 43% claimed that there was still need for action to improve the quality of service. Additionally, 62% were unaware of the basic dental and oral hygiene services and 61% were unaware of prevention and management of communicable and non-communicable diseases. This result should be noted because the situation may lead to the spread

of communicable diseases. But for those who availed of said services, level of satisfaction was high. 48% articulated that there was a need to improve services in line with basic and oral hygiene and 33% expressed the need for action in preventing and managing both communicable and non-communicable diseases.

Although 88% were aware of free basic medicine or low-cost medicine and 65% availed, it should be noted that compared to other services offered along health, there were 21% who expressed dissatisfaction of the quality of service. Consequently, 47% claimed that this free basic medicine or low-cost medicine program requires specific actions for improvement. Under the health program in general, 57% of respondents expressed that there was no need for action.

Table 3. Action grid on service indicators of the health program

Service indicators of health program	Satisfaction		Need for action		Action grid
	%	Adjectival rating	%	Adjectival rating	
Vaccination for infants/children	95	High	42	Low	Exceeded expectation
Pre-natal/pot-natal/child birth services	96	High	42	Low	Exceeded expectation
Free general consultations/access to secondary and/or tertiary health care	92	High	36	Low	Exceeded expectation
Free basic medicine or low-cost medicine program	79	High	47	Low	Exceeded expectation
Prevention and management of communicable and non-communicable diseases	97	High	33	Low	Exceeded expectation
Basic dental/oral hygiene	98	High	38	Low	Exceeded expectation
Family planning/reproductive health	96	High	39	Low	Exceeded expectation
Overall rating	93	High	57	Low	Exceeded expectation

The ratings given by the citizens on satisfaction and need for action, as enumerated in Table 3, were translated into adjectival rating using the CSI cutoff discussed earlier. Table 4 demonstrates that all the seven service indicators under health program were given high rating on satisfaction and low on need for

action. These results correspond to an action grid of *exceeded expectations* which connotes that the positive aspects of the delivery of each specific service indicator should be sustained and less attention on reform should be expected.

Table 4. Awareness, availment, satisfaction and recommendation for action by respondents on service indicators of the education program

Service indicators of education program	Awareness		Availment		Satisfaction		Needs action	
	Yes	%	Yes	%	Yes	%	Yes	%
Provision of medical and/or nutritional services to school clinics	110	73	65	59	62	95	21	32
Sports programs and activities	121	81	59	49	58	98	16	27
Scholarships and other assistance programs for students	120	80	30	25	29	97	10	33
Alternative learning system and/or other special education programs	116	77	24	21	24	100	10	42

Education Program

Most citizens were aware of support to education at 78%. Awareness was highest on sports programs and activities 81%, and on scholarships and other assistance programs for students 80%. Among the four specific services, awareness was lowest on provision of medical and or nutritional services to school clinics at 73%, which is nonetheless high.

Among those aware, 61% did not avail of support services to education. Of this, 78% did not avail of alternative learning system and other special education, 75% did not avail of scholarships and other assistance programs for students; while 60% availed of provision of medical and nutritional services to school clinics. It should be noted that there were only 25% who availed of the scholarships and other assistance programs for students, despite their high level of awareness of the said program. The low percentage of availment could be attributed to the inability of the applicant to comply with the needed requirements to qualify for a scholarship or grant. Those who availed of services were generally satisfied at a high 97%, with 100% satisfied of alternative learning system and other special education, and 98% of sports program and activities.

Reasons for satisfaction on education services were that cost of education decreased, children liked public education, services were good, important information was disseminated, children joined sports activities. Reasons for non-satisfaction included the following – sometimes there were charges they had to pay, medical and nutritional services to school clinics were not available. Reasons for non-availment of services were that children were beyond school-age, there were fees to be paid, previously they availed of feeding program but it was stopped. Most respondents expressed that there was no need for action on support services to education, for an overall rating of 63%. It should be mentioned that 41% asserted there was a need for action on scholarships and other assistance programs for students, and 40% on alternative learning system and other special education programs. Hence, it is recommended to review the guidelines on scholarship and other assistance programs for students and evaluate the courses/curriculum offered in alternative learning system (ALS) and other special education programs to meet the needs of the community.

Table 5. Action grid on service indicators of the education program

Service indicators of education program	Satisfaction		Need for action		Action grid
	%	Adjectival rating	%	Adjectival rating	
Provision to medical and/ or nutritional service to school clinic	95	High	32	Low	Exceeded expectation
Sport programs and activities	98	High	27	Low	Exceeded expectation
Scholarships and other assistance program for students	97	High	33	Low	Exceeded expectation
Alternative learning system and/ or other Special education programs	100	High	42	Low	Exceeded expectation
Overall rating	97	High	37	Low	Exceeded expectation

Using the action grid of the CSI framework, Table 5 reveals that all the 4 service indicators under the education program were given high rating on satisfaction and low on need for action. These results correspond to an

action grid of *exceeded expectations* which connotes that the positive aspects of the delivery of each specific service indicators should be sustained and less attention on reform should be expected.

Table 6: Awareness, availment, satisfaction, and recommendation for action by respondents on service indicators of the social welfare program

Service indicators of social welfare program	Awareness		Availment		Satisfaction		Needs action	
	Yes	%	Yes	%	Yes	%	Yes	%
Child and youth welfare program	132	88	67	51	63	94	22	33
Women’s welfare program	89	59	37	42	36	97	10	27
Persons with disabilities (PWD) welfare program	84	56	14	17	13	93	5	36
Older persons/senior citizens program	140	93	51	36	46	90	17	33
Family and community welfare program	102	68	51	50	47	92	18	35

Social Welfare Program

There was relatively greater number of citizens 73% who were aware of social welfare services than those who were not. Awareness was highest on program for older persons and senior citizens 93%, and child and youth welfare program 88%; and lowest on program for persons with disabilities 56%. Those aware did not avail of the component services under social

welfare, at 60%. Specifically, 83% did not avail of the persons with disabilities (PWD) welfare program, 63% of older persons and senior citizens program. Moreover, 51% of those aware availed of child and youth welfare program. Those who availed of the services were satisfied at 93%, particularly on women’s welfare program 97%, and child and youth welfare program 94%.

Table 7. Action grid on service indicators of the social welfare program

Service indicators of social welfare program	Satisfaction		Need for action		Action grid
	%	Adjectival rating	%	Adjectival rating	
Child and youth welfare program	94	High	33	Low	Exceeded expectation
Women’s welfare program	97	High	27	Low	Exceeded expectation
Persons with disabilities (PWD) welfare program	93	High	36	Low	Exceeded expectation
Older persons/senior citizens program	90	High	33	Low	Exceeded expectation
Family and community welfare program	92	High	35	Low	Exceeded expectation
Overall rating	93	High	34	Low	Exceeded expectation

Using the action grid, Table 7 reveals that all the five service indicators under social welfare were given high rating on satisfaction and low on need for action. These results correspond to an action grid of *exceeded expectation* which connotes that the positive aspects of the delivery of each specific service indicators should be sustained and less attention on reform should be expected.

Reasons for satisfaction on social welfare program were that the child and youth welfare programs provided advanced learning for kids, family members had something worthwhile to do, gained new knowledge on women’s welfare, learned about dressmaking and flower arrangement, medicine and wheelchair were provided for free. Reasons for non-satisfaction included the following: there were no free supplies for children in day care, the program on women had not yet started, the person with disability in the family did not receive any assistance, a respondent received free wheelchair but only because it was election time, only a few senior citizens received free cake, a senior citizen did not receive pension

because one’s name was not in the list. A 60-year old citizen did not receive financial assistance because age requirement was 65. Reasons for non-availment were that the children did not want to join, female respondents had so much to do, beneficiaries were selected only, there were no small children, person with disability, nor senior citizen in the family.

Most respondents 66% articulated that there was no need for action. Despite high awareness on program for older persons, senior citizens and PWD, there was low percentage of availment at 36% for senior citizens and 17% for PWD. Among those who availed, 44% surfaced the need for action on program for older persons and senior citizens and 38% on persons with disabilities welfare program. It is therefore recommended that the LGU and concerned agency should spearhead/organize activities such as symposia, seminar, radio program or home visitation that will promote social welfare programs particularly for older persons/senior citizens and people with disabilities.

Table 8: Action grid on the selected programs

Program	Satisfaction		Need for Action		Action grid
	%	Adjectival rating	%	Adjectival rating	
Health	85.14	High	63.51	High	Continued emphasis
Education	89.51	High	64.34	High	Continued emphasis
Social welfare	84.56	High	69.80	High	Continued emphasis

CONCLUSION AND RECOMMENDATION

The highest percentage highest percentage of overall satisfaction was on support to education 89.51%, followed by health program 85.14%. The highest need for action was on social welfare 69.80%, followed by support to education 64.34%. Using the action grid, Table 8 reveals that all the 3 programs were given high rating on satisfaction and high on need for action. These results correspond to an action grid of *continued emphasis* which connoted that the positive aspects of the delivery of each specific service indicators should be sustained and less attention on reform should be expected.

A major component of this project is a series of utilization conferences with LGU officials and civil society organization leaders. This is to ascertain that the results of this study will flow into government programs and policies, thus benefitting not only the sample respondents but the entire community as well.

Analysis and Conclusion

Upon examination of the specific service indicators per program as displayed in Tables 4, 7, 9, each was rated high in satisfaction and low in need for action. Based on the action grid, this was analogous to *exceeded expectation* which connoted that the positive aspects of the delivery of the specific service indicators should be sustained. Since the rating on the need for action was relatively low, less attention on reform should be expected. Additionally, certain priority commitments of the local government specific to the service indicators but were not cited in the survey as strong points for satisfaction may be identified as areas for enhancement.

Taken as a whole, all programs – support to education, health, and social welfare – were rated high in satisfaction and high in need for action, as exhibited in Table 10. This corresponded to *continued emphasis* which suggested that the quality of service delivery of the whole program may be good but there was still a need to take action on specific aspects. The program should sustain positive aspects but some components still needed improvement or reform. Therefore, while sustaining the current service quality, the LGU may still fine-tune on specific facets of its delivery which can be suggested by reasons for non-availment or satisfaction/ dissatisfaction as cited by the respondents.

The results of this study were consistent with the assertion [10] that the importance arising from each service and the satisfaction of citizens with the action of the local government may turn into suggestions of priorities. In particular, the citizen-respondents recommended the following: (1) along health services, there should be enough supply of free medicines in the municipal/barangay health centers whole year round; (2) along support to education, scholarships/grants should be given to poor but deserving students; more instructional/ educational materials e.g. text books and work books, and school facilities e.g. classrooms, desks and chairs, should be provided to various public schools in the town; and (3) along social welfare services, the local government and concerned agencies should spearhead/organize activities such as symposium, seminar, radio program or home visitation that will promote social welfare programs particularly for older persons/senior citizens and people with disabilities (PWD).

Findings were likewise consistent with the statement [11] that subjective assessments

are aggregate judgments of both the experienced service process e.g. “Was the public servant accommodating, courteous, etc.?” and the service outcome e.g. “Did I get what I wanted or what I was entitled to?” Detailed satisfaction measurements can disentangle these, yet in snap judgements, both are generally mixed. Nonetheless, a study [2] concluded that that satisfaction has shown itself to be elusive to measurement and very service-specific, making it less meaningful when aggregated. Moreover, user satisfaction can only be interpreted in relation to the significance of a given service and responses are easily swayed by the broader public mood [2].

A particular finding in the literature is that depending on the outcomes they produce, different services tend to receive different baseline satisfaction ratings. It has been suggested that this is related to the sympathy citizens have for that service [11]. Another research [12] claimed that satisfaction judgments are prone to cognitive biases, especially when it concerns more abstract services.

Consideration may be given to the latent variable characteristics of citizens [10]. A study [13] particularly recommended that assessments, surveys and secondary data may be related to basic variables, namely: household income, occupation, age and the area in which citizens live. Although citizen satisfaction surveys are subjective assessments and, as asserted by a study [14], they do not reflect objective features or performance of that service, one research [15] argued that they are useful because they provide policy makers and managers with aggregate judgments indicating that something may be alright, or something may be wrong, like there may be a failure to deliver the kind of service people want, or there may be focus on service aspects users do not find very important.

Citizen satisfaction indexes provide not only information about citizen satisfaction and the rate of fidelity and perceived quality but also suggestions about the factors influencing this satisfaction [10]. Subjective assessments, such

as satisfaction of a public service, and satisfaction ratings are influenced by factors other than service quality [16] and [17]. This means improvements in service quality will not always be reflected in higher satisfaction [1] and [15]. Recent experimental work in public administration has shown that satisfaction judgements are not ‘consistently related to performance’ [12].

Based on the foregoing discussion, this study recommends that future endeavors of the Department of the Interior and Local Government (DILG) directed toward assessing citizen satisfaction should render due consideration on the following important aspects: (a) differences in profile and characteristics of citizens selected to assess public services [10] and [13]; (b) differences in citizen’s expectations [2]; and (c) differences in nature and characteristics of the services being assessed [11].

This study likewise affirms existing literatures recommending that citizen satisfaction should be analyzed from multiple perspectives, depending on the main objective of an endeavour. Citizen satisfaction surveying may be aimed simply to determine the perception of citizens regarding services of the local government, or may be more complicated like rating the performance of a government unit [10]. The former, like this study at hand, may be clearly intended only to get citizen feedback. For the latter, careful scrutiny should be done since user satisfaction is intended to measure performance or will be used to formulate policies and programs that will be institutionalized and have long lasting effects on the community.

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